

Patricia Booker
National Stage Processing
Patent Specialist
(703) 305-5738

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 10/088441	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51				/		
2		/					52			/			
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49			/				99						
50				/			100						
TOTAL IND.			8				TOTAL IND.						
TOTAL DEP.				21			TOTAL DEP.						
TOTAL CLAIMS				29			TOTAL CLAIMS						